

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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8	1						58					
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Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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